

# THE Medical Examiner.

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Educational, Scientific & Practical Interests

OF

THE MEDICAL PROFESSION.

EDITED BY

N. S. DAVIS, M.D., and F. H. DAVIS, M.D.

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## Original Communications.

## CLINICAL LECTURE

ON DISEASES OF THE SKIN—CASE OF PSORIASIS—  
MEDICAL WARDS OF MERCY HOSPITAL.

BY N. S. DAVIS, M. D.

*Professor of Clinical Medicine.*

GENTLEMEN: Before subjecting to your examination the case before us, your attention will be occupied a few moments with some comments on the general subject of cutaneous diseases. To most practitioners this is an uninviting topic, and students rarely give it that attention which its importance demands.

This class of diseases, although seldom dangerous to life, are nevertheless of frequent occurrence, many of them protracted in duration, some of them contagious or communicable, and all of them more or less annoying to the patient. Hence it is very important for every student to give them such attention, that he may be able to promptly distinguish one class from another, and to give such as may apply to him for relief the most efficient treatment. Modern writers on Dermatology or cutaneous diseases appear not to agree on any common principle of classifying the diseases in question; but some are grouped together from a supposed analogy in causation, as when they arise from *parasitic* influence; others from a common property of communicability or contagiousness; and still others from something common in the form of the eruptions. As an aid in the work of diagnosis, we think no better principle of classification has been discovered than that which was adopted many years since by Willan and Bateman, and was founded on the anatomical structure of the different varieties of cutaneous eruptions.

If we omit the modifications dependent on constitutional syphilis, and the morbid growths such as tubercle and moluscum, we may arrange all the ordinary cutaneous eruptions into five classes. The first will embrace all those in which the inflammation is so superficial as to produce only a red spot of

greater or less size, without any appreciable exudation either into the cutis vera or between it and the cuticle, consequently there is neither elevation, induration nor vesication in this class, but simple red spots. These spots may be very small and generally diffused over the surface, as in scarlatina, or they may be small and grouped in clusters, as in measles, or they may be larger and more isolated, as in roseola and erythema. These form the *Exanthematous* class. The second will embrace all those eruptions in which the inflammation is sufficient to cause a serous exudation between the cutis vera and the cuticle, simply elevating the latter into the form of a vesicle filled with lymph or serum, but without any plastic exudation sufficient to give hardness or thickening of the cutis vera. The vesicles may be very small as in scabies and eczema, or larger as in varicella, herpes and pemphigus. These are called vesiculæ, or the vesicular class.

The third will embrace those in which the inflammation is sufficiently intense not only to cause an exudation of lymph or serum between the cutis vera and cuticle, forming a vesicle, but in addition, sufficient plastic exudation into the true skin and the subjacent tissue to furnish a more or less elevated and indurated base on which the vesicle will rest. Suppuration or the formation of pus in the vesicle during some stage of its progress, is also a constant occurrence in all the varieties included in this group. Hence they are called pustulæ or the pustular class. The more important examples of this class are Ecthyma, Impetigo, Mentagra, Porrigo, and the pustules of Variola and Vaccina.

The fourth embraces those eruptions in which the inflammation causes a minute amount of plastic exudation into the cutis vera, causing a slight induration and elevation, but without either vesication or suppuration. The small indurated and elevated spots thus formed are called papulæ; hence the group are called papulæ or the papular class. The chief varieties of disease included in this class are Lichen, Strophulus and Porrigo.

The fifth and last class embraces those affections of the skin characterized by such a

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chronic grade of inflammation as causes spots of variable size, in which the cutis vera is more or less thickened, and from which the cuticle is constantly being exfoliated in the form of laminae or dry scales. This latter circumstance has caused this group to be called squamæ or the squamous class. The varieties of disease properly belonging to this class are Ptyriasis, Lepra, Psoriasis, and perhaps the leprosy of the ancients. Ichthyosis or fish-skin, which has sometimes been included in this class, is generally a congenital defect rather than a cutaneous inflammation.

With these general remarks you will be prepared to proceed with the examination of the case before you. The patient is a young man of foreign birth, a sailor by occupation, and apparently in fair general health, but presents spots of cutaneous disease on his legs, thighs, arms, and a few on the trunk of the body. The first step in the matter of diagnosis is to determine to which of the classes we have named the case belongs. As you individually proceed to examine carefully those spots on the uncovered parts of the patient's legs you will readily see that they are not made up of minute red points like the rash of measles or scarlet fever, and can not therefore belong to the exanthematous class. Neither can you find any vesicles either filled with lymph or broken and weeping a serous fluid, as in the vesiculæ; nor any pustules filled with pus and standing on a hard base as in the pustular class. You look equally in vain for the small hard elevations or papules which characterize the fourth or papular class.

What, then, have you in this case? Simply scattered spots, varying in size from the circumference of a pea to that of a silver half dollar, of irregular outline, deep red color, slightly elevated and rough, and on the surface of which appear dry, white, thin laminae of exfoliating cuticle. These characteristics place it directly in the class of squamæ or scaly diseases. Having designated the class to which it belongs, the next step is to ascertain which variety of that class it represents. There being but three varieties of this class met with in this country, the identification

is easy. The Ptyriasis seldom if ever exists on any part of the skin except that covered with hair, as the scalp, arm-pits and pubes. It is accompanied by only slight redness, and the exfoliating cuticle is in the form of very small scales, like dandruff. None of these circumstances apply to the case before you. Lepra may come on any part of the surface in red, dry, rough spots, at first the size of a half dime. They spread regularly on the circumference and heal in the centre, and thereby soon assume a circular or ring form; hence the popular name of "ring-worm." The spots before you have no such regular ring form, although some of them have existed and been slowly increasing for many months. The only remaining variety of the squamous class is Psoriasis, of which the spots on the legs before you are perfect examples. You see them variable in size, irregular in outline, dry, rough, deep red, with large thin white laminae of cuticle on the surface. The disease is chronic, the spots generally increasing in size slowly, and continuing for months and years unless interfered with by remedies. Sometimes the spots come in the palms of the hands and present a very hard, rough, and sometimes fissured appearance. It is then called Psoriasis Palmaris or "baker's itch." The disease does not appear to be dependent on any particular constitutional derangement, though often connected with constitutional syphilis. In the latter case the spots have a more livid or coppery color. Except in the latter class of cases, the most important part of the treatment consists in proper local applications. If there is any manifest derangement of the digestive or other important functions, it should be corrected. In the absence of any special indications, it may be advantageous to give small doses of some one of the arsenical preparations. We shall give this man eight drops of Donovan's Solution three times a day for the first ten days, and have the spots rubbed thoroughly night and morning with an ointment of iodide of sulphur 20 grs. to the oz. of cerate. After the first ten days we will substitute an ointment of ammoniated mercury, 20 grs.; pulv. g. camph. 8 grs.; tinct. bloodroot fl. 3 ss., rubbed



together and mixed with simple cerate  $\frac{3}{4}$  j. Let this be applied every night and the surface wet with glycerine in the morning.

A full alkaline bath should be used twice a week; the diet plain, exercise in the open air moderate, and all stimulants avoided.

### RAT BITE—FOLLOWED BY SEVERE CONSTITUTIONAL SYMPTOMS.

BY CHAS. W. EARLE, M.D., CHICAGO.

S. N., æt. 40—Employed by Postoffice Department of this city. This patient is a strong and robust American, and while emptying a box was bitten by a rat in the *abductor pollicis* muscle of the left hand.

The wound healed in two days, and the accident had almost been forgotten, when on July fourth, nine days after the reception of the injury, a small point of inflammation was noticed at the place mentioned above.

I saw the patient the following day and found a hand, hot, swollen and painful. The pulse was full and somewhat accelerated, tongue covered with a whitish coat, and there was evidence of an erysipelatous tendency, as the redness which surrounded the point where the poison was inserted had extended up the forearm to a considerable extent.

I ordered immediately morphia q. s. to allay pain, and a tonic consisting of quinine and iron. As an external application I ordered a linseed poultice upon which a drachm of carbolized glycerine ( $\frac{3}{4}$  i to  $\frac{3}{4}$  ii) was placed.

The following day the patient was not any better and I increased the dose of quinine and iron.

By the eighth, symptoms began to abate. The ninth and tenth my patient improved. On the eleventh the inflammation had nearly subsided and a hard dark colored core remained. It was the size of a very large hickory nut and perfectly destitute of sensibility.

The iron and quinine was given four times a day and the poultices continued. From the twelfth to the fifteenth of July every thing progressed favorably. My patient experienced very little pain, there was no

soreness, and I anticipated a safe and comfortable convalescence for him.

July sixteenth, Mr. N. had occasion to visit one of his rented houses in a distant part of the city. He walked some distance and became quite weary. In fact exerted himself more than he should at this time in his convalescence. The seventeenth he was not as well. There was more heat and swelling in the hand. The day following his hand was still swollen and one of the lymphatics on the anterior aspect of the forearm was inflamed and enlarged. I painted the gland with iodine and increased the dose of quinine and iron.

July nineteenth, I saw him early in the A. M. The gland which I had noticed the day before was not any larger, but three or four above the elbow were now considerably enlarged and very painful, while the lymphatics in the left axilla and one in the right was commencing to trouble him.

He had experienced chilly sensations during the night and was suffering from pain in all parts of his body. His pulse was full and bounding; tongue coated; bowels inclined not to move. Ordered quinine and iron in larger doses every two hours. Moved bowels with Pill Co. Cath. Used iodine freely over enlarged glands. Continued carbolized glycerine.

July twentieth, patient is better. Discontinued tonic, and gave during day 60 grs. of the sulphite and 120 grs. of the Bi-Sulphite of Soda.

July twenty-first, patient is improving, the enlarged glands are disappearing.

July twenty-second, the slough has separated leaving an ulcer  $1\frac{1}{2}$  by 1 inch in size to  $\frac{1}{8}$  inch in depth. Ordered to continue tonic four times a day with a nutritious diet. As an external dressing, I left the following:

R Oleum Ricini  $\frac{3}{4}$  ii.  
Glycerine  $\frac{3}{4}$  ii.  
Carbolic Acid  $\frac{3}{4}$  ii.

Under this treatment the patient rapidly improved and finally resumed his former occupation.

This case to me was interesting in two particulars. (1.) The latent character and

time of incubation of the animal poison. (2.) The prompt effect of the tinct. ferri chloride with the quinine. In regard to the time of incubation of this poison, authorities are silent. Holmes has a chapter on animal poisons, but says nothing of the time of incubation. Gross, Ericksen and Druitt are also silent. In this case it was about nine days. The recording of one case proves nothing, but if all the cases of this kind were collected, we might arrive at the correct conclusion.

In conclusion I speak of the treatment. Prof. Andrews has always insisted that tinct. of iron is the remedy *par excellence* for erysipelas. The treatment is not therefore new, but my experience in the case has given me greater confidence in the remedy.

673-5 WEST LAKE STREET.

#### NOTES

OF SOME RECENT CASES OF INJURIES OF THE EYE, ILLUSTRATING THE DIFFERENCE OF RESULTS UNDER DIFFERENT MODES OF TREATMENT.

REPORTED BY SAMUEL J. JONES, A.M., M.D.

Professor of Ophthalmology and Otology, Chicago Medical College.

*First Case.*—A. B., a blacksmith, was engaged in dressing a small piece of hot iron which slipped from the tongs with which he was holding it and struck him in the eye. The heated metal came in contact with the lids of the eye as well as the conjunctiva over the cornea and sclerotica, burning all as far as the inner canthus, quite severely. The patient was seen within a couple of hours after the accident. The ball and interior of the lids were coated with fresh castor-oil, and leeches applied to the temple.

A collyrium of Sodæ Bi-boratis grx.

Aq. rosæ f ʒ iss.

Glycerinæ (Price's) f ʒ ss.

Morphiæ Sulph. gr. ss.

M.

was prescribed, and cold water dressing applied to the eye.

The next day the lids and conjunctiva were much swollen, and there was considerable muco-purulent discharge. The cold water dressing and the same collyrium were continued, and the pupil was dilated with

R Atropiæ sulphatis gr. iij.

Aquæ destillat f ʒ i.

and a saline aperient was given.

The pupil was kept dilated for several days, until all fear of iritis had passed, and the same treatment was continued three days longer. The dressing was then omitted and collyrium of

R Zinci Sulph. gr. iv.

Aq. destillat f ʒ ij.

substituted for the one he had used. The discharge diminished, the eye improved and at the end of ten days the patient resumed his accustomed employment, and suffered very little inconvenience from it, and in two weeks more the eye was quite recovered from the injury, and no cicatricial contraction had resulted.

*Second Case.*—C. D., a laborer was engaged in splitting some "kindling wood," when a small piece flew and struck him on the ball of his left eye, but so slightly that he attached no importance to it, and it caused him so little inconvenience that although the injury occurred on the night of the 8th of November, he only applied to his physician on the 12th. By the physician the injury was regarded as so slight in character, that he did not prescribe for it until the patient applied to him a second time on the 14th, by which time the eye had begun to annoy him, and then "powdered alum and the whites of egg," is alleged to have been applied to the eye and continued about twenty-four hours. Then a poultice of bread and milk was applied, and continued as patient reports, for twenty-four hours longer, and cups were applied to the temple. Following this, "slippery-elm water" was applied for a number of days.

I saw the patient first on December 4th, at which time he gave the foregoing history of his case and said that this was the treatment he had had, except that for the previous week his physician had twice a day applied some kind of a solution to the eye with a pencil that burned severely.

Examination showed the entire cornea to be sloughing, and danger of hernia of the iris existing. The conjunctiva and the lids were much swollen, and the anterior chamber was

filled with pus. No vision in that eye. The other eye was not affected. A solution of

R Atropiæ Sulph. gr. v.

Aq. destillat f 3 i.

was dropped into the eye, and the eye was bathed freely with cool water. The patient's system had become reduced, and he complained of profuse night sweats. R Tr. Ferri Chlor. and generous diet were prescribed.

When seen next day he complained of less pain, but examination of the eye showed that in the meantime perforation of the cornea had occurred, and the pus had escaped from the anterior chamber, but the iris was not protruding. There was then more perception of light and shade. The solution of atropia was re-applied, but on the following day hernia of the iris occurred which was not withdrawn until after having been punctured and the distension relieved.

Considerable inflammation continued, and leeches were applied to the temple, and collyrium of

Zinci Sulph. gr. iv.

Aquæ destillat f 3 ii.

was used, with frequent bathing with cold water.

There has been and there is still so much annoyance from the loss of substance of the cornea, and consequent protrusion of the iris and chafing of it from the movement of the lids, that abscision of the cornea has been advised as the speediest and most effectual mode of getting rid of the condition, which is only a source of annoyance without any prospect of improvement to a sufficient extent to promise any usefulness of the eye, six weeks having elapsed since the injury was received.

*Third Case.*—E. F., a lady, engaged in some of her domestic duties, had a bottle of solution of corrosive sublimate, spilled by a servant into her face, a portion of the solution entering her eyes and mouth. Her intelligence prompted her to apply olive oil to the injured parts as speedily as possible, and as soon as she could obtain the albumen of eggs to apply that, whilst a physician was summoned. It seems that the solution must have been strong enough to have been decidedly

escharotic, for three months after the injury, I was asked to see the case, and I found a large part of the cornea considerably opaque, and some cicatricial contraction in the conjunctiva where it is reflected from the lower lid to the ball. The further history of the case as I received it from the attending physician, was that from the first time he saw the case, he was so restricted by the husband of the lady who feared as much from any interference on the part of a physician as from the injury, that but little was done to reduce the inflammation except to apply a few times a weak solution of nitrate of silver. In fact the case was left almost entirely to nature to repair the damage done. The thickening of the conjunctiva and cellular tissue beneath impaired free mobility of the lids and produced slight ptosis. One month later the ptosis continued, and the contraction of conjunctival cicatrix was more of an impairment of the mobility of the eye; the opacity of the cornea continued, though in a less degree, but still sufficiently to prevent good vision, and the posterior synechia which had resulted from the accompanying iritis still remained.

*Fourth Case.*—G. H., a fireman on a locomotive, was engaged in putting hot tallow in one of the boxes of the engine, when the sudden escape of steam blew the molten tallow into his face and eyes. He was seen within an hour after the injury, at which time swelling of the conjunctiva had commenced. The burn involved nearly the entire conjunctiva of the right eye, and about two-thirds of that of the left. The balls and the interior of the lids of both eyes were coated with fresh castor oil, and the face as far as it was burned was kept covered with linimentum aquæ calcis. The pain was controlled by morphia. The next day there was great chemosis, and the lids were very œdematous. The pupils were dilated with sulphate of atropia, and a collyrium of

R Sodæ Biboratis, gr. x.

Aquæ Rosæ f 3 jss.

Glycerinæ (Prices) f 3 j.

Morphiæ Sulph. gr. j.

M.

was used, and a mild opiate was given. The collyrium was dropped into the eyes four times a day, and continued four days, when a collyrium of sulphate of zinc, two grains to the ounce of rose-water was substituted, and used twice a day. The lime-water liniment was continued as the external application. At the end of a week the swelling had disappeared from both eyes, and the cornea of the left eye had regained its clearness. In the right one there still remained considerable haziness, which gradually disappeared without change of treatment, and the recovery was complete, unattended by any cicatricial contraction of the conjunctiva, or impairment of sight.

### Clinical Reports.

#### SERVICE OF PROF. ANDREWS IN MERCY HOSPITAL.

##### MULBERRY CALCULUS.

A boy sixteen years of age was admitted with an irritation of the bladder, which had lasted since early childhood. The sound disclosed a calculus. After a few days, constitutional preparation, Dr. Andrews cut for the stone by the lateral method, and removed a fine mulberry calculus about an inch in diameter.

Second day. Patient passes the water by the natural route.

Third day. A little dribbling from the wound.

Fourth day. Water all passes *per vias naturales*.

Tenth day. Discharged cured.

##### PHOSPHATIC CALCULUS.

This patient, a boy seven years of age, was admitted with great pain and vesical tenesmus. The sound disclosed a calculus, which was removed by the same method as in the previous patient. It proved to be a large stone of the phosphatic variety. The patient was placed upon the use of tincture of iron as a safeguard against pyaemia, and discharged cured on the fifteenth day.

##### CURIOUS OPIUM CURE.

A patient entered for tertiary syphilis. He was found to be an opium eater, and to be in process of cure by a quack method of considerable ingenuity. He was furnished with a pint bottle of medicine, intended to last him a month, and for which he paid ten dollars. He was assured that it would prove a perfect substitute for his opiate, so that he could leave off the latter at once without distress. This he found to be the case, and very naturally, for the bottle appeared to contain a solution of morphine colored with some deep red dye. Every month he sends ten dollars for a new bottle, which the quack makes a little weaker than its predecessor; and at length, in about a year and a half, he gets "tapered off" to nothing, and is cured. This patient is now on his thirteenth bottle. Fearing he would not persevere in reform, Dr. Andrews refrained from exposing the deception, but advised him when he sent for the next bottle to "taper it off" himself a little faster by putting into the bottle after every dose, as much pure water as the bulk of the dose taken out.

##### COMPOUND DISLOCATION OF THE ELBOW.

##### ANTISEPTIC TREATMENT. (OUTSIDE PATIENT.)

A woman was thrown from a vehicle, tearing loose all the ligaments of the left elbow, so that the bones could be moved in all directions. A large wound existed in front, through which the finger could be inserted freely into the joint. Dr. Andrews drenched the interior with carbolic acid and water, fifteen grains to the ounce, and covered the wound with lint dipped in carbolic acid and castor oil, forty grains to the ounce. This dressing and injection was daily repeated. Arm laid in a tin splint.

Fourteenth day after injury. No ankylosis, nor even synovitis.

Sixteenth day. Sharp attack of synovitis, which was combated with ice-bags, and continued use of the carbolated water and carbolated oil.

Twenty-second day. Synovitis subdued.

Thirty-fourth day. Two cellular abscesses, but no ankylosis.



Fortieth day. No ankylosis.

Fifty-sixth day. Wound healed. No ankylosis of the joint, and the case promises a splendid success. There was scarcely a spoonful of pus discharged during the whole treatment.

#### COMPOUND FRACTURE NEAR ELBOW.

Boy run over by a wagon, crushing off the humerus close to the joint. Extensive wounds. Ends of fragments denuded of periosteum. Gave ether, and trimmed off the denuded ends of the bone. Drenched the interior with carbolated water as in the other case, and covered the wounds with lint dipped in the carbolated oil. Tinct. iron internally, and repeat the dressing and injections once a day. Tin right angular splint.

Fourth day. Doing finely. No inflammation, and scarcely any pus. Continue.

No inflammation followed, and now at the twentieth day, the wound is rapidly healing.

#### SINGULAR MALFORMATION.

Dr. Chas. Badger, of Milton, Wis., sent in a model of the bones of the left arm of a patient, presenting a remarkable deviation from the usual anatomy. This limb has two elbows and two forearms, one on the end of the other. The humerus is only about four or five inches long, and terminates at the upper elbow. From this articulation two bones, one behind the other, extend down to the normal elbow. The posterior bone slides up and down on the anterior one when the lower elbow is extended and flexed. From the lower elbow to the extremity of the limb the usual anatomy prevails. The motion of the upper elbow is quite limited. The right arm is perfectly normal, but of late years rather weak, the patient being old, so that the abnormal arm is at present much the best one. Those scientists who see in all human monstrosities a reversion to the type of some inferior animal, will now have to bestir themselves to hunt up some animal with two elbows on each arm. The specimen will be placed in the Chicago Medical College museum.

#### PENIS BATHS.

Prof. Andrews has been experimenting in cases of chancre, to see if long-continued

baths of the penis in astringent solutions weak enough to avoid smarting, will have the same curative effect as the brief and painful cautery of nitric acid. One case especially, where a phagedenic chancre had continued to spread in spite of repeated cauteries with the acid, was promptly arrested by the penis baths. For this purpose Dr. A. uses a small jar holding a pint. This is filled with a solution containing cryst. carbolic acid, five grains to the ounce, and chloride of zinc, two grains to the ounce of water. The patient, either sitting or lying, lays the penis in the bath for one hour three times a day. The strength of the solution varies according to the sensitiveness of the patient, being kept in all cases just below the smarting point.

In cases of gonorrhœa, the Doctor uses the same solution by way of irrigation. He has a reservoir holding a quart or more, five feet above the patient's penis. A rubber tube, terminating in a flexible catheter, size No. 6, is attached, and the catheter inserted into the urethra, but not into the bladder. A quart of the solution is placed in the reservoir and allowed to run into the urethra, where escaping from the eye of the catheter, it runs out again between the catheter and the walls of the canal, giving the latter a thorough and long-continued drenching. The effect is excellent.

#### PRESENTIMENTS OF DEATH.

On this subject Dr. Andrews remarked as follows:

Where a patient, without being frightened, excited, nor yet impressed by being told of danger by others, coolly arrives at the opinion that he will die, it is a serious symptom. I do not think the popular opinion is correct which asserts that in such cases the patient dies *in consequence* of his own opinion of his danger, as the following cases will show. It is remarkable how some patients get a clear impression of coming danger before the surgeon can detect symptoms of its approach.

*Case 1.* Man in good health admitted with fractured leg. There was nothing alarming, or peculiar in the case, but I found the

patient one day possessed with a cool and quiet, but perfectly clear impression that he would die. Struck with his conviction, I examined his pulse and general condition minutely, without finding any ground for apprehension. I also called on Prof. Johnson, who examined him carefully with a like result. I therefore assured the patient that there was no occasion for fear. Yet within three days he was attacked with pneumonia, which brought him to the verge of the grave, and though he ultimately recovered, his presentiment came within a hair's breadth of being true.

*Case 2.* A man of apparently good constitution received a severe injury, lacerating the soft tissues extensively on the inner side of the right ankle and foot. The bones were not injured, and on examination there appeared to be nothing to discourage the hope of restoring a useful limb. He was given tincture of iron internally, and suitable local dressings, and for several days appeared to be doing well. One morning, however, as I made my rounds of the hospital, he inquired of me when I was going to amputate the limb. I was surprised at the question, but told him as I had done before, that I did not expect to do it at all, as I hoped to save it. He then assured me with perfect calmness and distinctness, that an amputation was necessary and unless performed he would die. The memory of the previous patient flashed over my mind, and I proceeded to re-examine him very closely, yet as the edges of the wounds were rosy and healthy, and the pulse good, I refused to operate. About forty-eight hours later extensive sloughing of the soft parts commenced, accompanied with such a prostration that the patient barely escaped death, and was too weak to bear an operation. The limb was now ruined, and it was only by great diligence that I succeeded in getting him slowly improved enough to bear the amputation. He ultimately recovered, with the loss of the limb at the middle of the leg.

*Case 3.* A young man entered with a varicocele. He was ruddy, and apparently healthy. I gave ether, and operated by

shortening the scrotum. After the operation he took up a very clear impression that he would die. Close examination showed no reason for apprehension, yet his impression continued. After five or six days, however, my encouragements, and the assurances of the House Surgeon, seemed to convince his reason, and he gave up the idea of death. About the ninth day the wound presented a healthy, rosy aspect, and the patient was cheerful and comfortable. I therefore told him that it was not necessary to confine himself to his bed and room any more than he felt inclined. A few hours after, a nurse passing along the corridor heard a noise as of labored breathing. He entered, and found him apparently dying. The House Surgeon was summoned instantly, and found him nearly pulseless. He gave stimulants, and used artificial respiration. The pulse improved, and the patient seemed to become conscious again, but he soon relapsed, and in a few moments more was dead. The post mortem showed that the heart was healthy, but the brain displayed marks of congestion, and contained two or three clots of extravasated blood.

A moment's thought shows that the popular idea of the patient's danger being a consequence of the expectation of death, is inadmissible in all these cases. The first one took pneumonia, a disease which cannot be produced by a mere notion. The second was imperilled by extensive gangrene, which is equally remote from anything producible by fear, while the third died suddenly, after he had given up the idea of being in any danger.

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THE new amphitheatre of the Bellevue Hospital was formally opened by the Medical Board of the Hospital on Sept. 15th, 1871. The lecture-room is capable of seating eight hundred students, and is said to be the largest and most complete in the country, if not in the world. The ventilation is excellent, and the light is reflected from the rotunda.

E. W. HOUGHTON, Esq., has given \$10,000 to Dartmouth Medical College, to establish a museum of pathological anatomy.

NIEMEYER'S SUCCESSOR.—It is said that Prof. Liebermeister, of Zurich, has been appointed to succeed the late Prof. Niemeyer.

THE  
MEDICAL EXAMINER.

*A Semi-Monthly Journal of Medical Sciences.*

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, January 1st, 1872.

EDITORIAL.

THE MEDICAL EXAMINER.—The present number of the EXAMINER is presented to its readers in a new form and new dress, and is intended to mark a new era in the progress of medical journalism in the North-west—or, rather, in the center of this great continent.

For some months before the recent great fire in this city, we had been maturing our arrangements for commencing the new volume with an enlarged sheet, a more frequent issue, and such a corps of regular correspondents as would enable us to make the EXAMINER a faithful representative of the profession throughout the whole northern part of the great interior valley of this continent. These arrangements were only temporarily interfered with by the fire, and though compelled to make our first issue a few days after the proper date, we enter upon our work confident that we shall make our journal a useful and welcome visitor to the thousands of busy practitioners throughout the country. By issuing a larger page, with double columns, on the first and fifteenth of every month, we shall give our readers a greater amount of reading matter in the year, and bring it to their attention at shorter intervals. We shall give more space than heretofore to the clinical material furnished by the several hospitals, dispensaries, etc., within our reach; to the doings of medical societies, and to the collation of items of direct practical value from the current medical literature, both domestic and foreign. In the editorial columns proper, we shall continue to notice and advocate all measures calculated to promote the social, educational and scientific interests of the profession, regardless of particular schools, booksellers, or drug-manufacturers.

With ample experience in medical journalism, independent in pecuniary resources, we are under no supervision or restraints, except such as are imposed by a love of the profession and a sincere desire to advance its interests and promote its usefulness. We earnestly invite contributions from members of the profession, both in city and country, and respectfully ask a continuance of the confidence and liberal patronage which we have heretofore received. All letters and communications should be addressed to the "Publishers of the MEDICAL EXAMINER, No. 797 Wabash Av., Chicago, Ill."

SMALL-POX.—This disease appears to have prevailed so extensively in different cities and parts of the country during the last few months as to indicate a strong epidemic tendency. At the present writing there are something more than 100 cases of all grades (many light varioloid, others severe and unmodified) in this city. Reliable statements of its prevalence here are made in the weekly reports of the Board of Health; and all rumors which magnify its prevalence beyond these statements are exaggerations.

FRATERNAL.—A few days since we had the pleasure of a visit from Dr. Stone, of St. Paul, Minn., editor of the *North-western Medical Journal*. He has our best wishes for his success and prosperity.

PRIZE ESSAYS.—It is to be hoped that the Alumni of the Chicago Medical College will not forget the prize of \$100 offered by the Alumni Association for the best essay on some medical subject, to be awarded by a committee at the next annual meeting. All such essays should be forwarded to the Secretary of the Association or to some member of the committee on or before the 20th day of February.

The committee to make the award consists of Drs. H. A. Johnson, E. Andrews, Walter Hay, and N. S. Davis.

No accomplishment is more valuable to the physician than facility and correctness in writing, and it can only be acquired by diligent practice.

**OUR CITY SUBSCRIBERS.**—We have a limited number of extra copies of the *MEDICAL EXAMINER* for 1871, and we will cheerfully supply those of our subscribers who may have lost their numbers in the great fire *free of charge*, if they will call at our office for them.

**MINNESOTA STATE MEDICAL SOCIETY.**—This active and efficient medical organization holds its next annual meeting at St. Paul, commencing February 6th, 1872. We think one or more delegates were appointed by the Illinois State Medical Society to attend the meeting of the Minnesota Society, but we have not the record before us. Dr. Franklin Staples, of Winona, is president, and informs us that any delegates from the Illinois Society will receive a most cordial welcome.

#### RE-UNION OF THE ALUMNI OF THE JEFFERSON MEDICAL COLLEGE.

The Alumni Association of the Jefferson Medical College proposes to hold a social re-union during the meeting of the American Medical Association in Philadelphia in May next. The Alumni of the College are cordially invited to attend. Those who expect to be present are requested to send their names and addresses to either of the undersigned secretaries.

JEWING MEARS, M. D.,  
222 S. Sixteenth St.

R. J. DUNGLISON,  
636 No. Eighteenth St.

#### Book Reviews.

**A Text Book of Pathological Histology:** An introduction to the study of Pathological Anatomy, by Edward Rindfleisch. Translated from the Second German Edition, with permission of the author, by William C. Kroman, M. D.; assisted by F. T. Miles, M. D., Prof. of Anat., Univ. of Maryland, with 208 illustrations. Published by Lindsay & Blakiston, Philadelphia. Chicago: For sale by Cobb, Andrews & Co. Price, \$6.00.

This valuable and well-known work of Prof. Rindfleisch is now, for the first time, presented in an English translation. The rapid

and important advances made during the past few years in the science of Pathology and Pathological Histology has been mainly owing to the researches of German investigators; and especially to the patient and careful labors of Profs. Rindfleisch and Billroth are we indebted for much of the knowledge gained in regard to these important subjects. The recent work of Prof. Billroth, translated by Hackley, being devoted exclusively to Surgical Pathology, touches but lightly upon the subject of Histology. Prof. Rindfleisch's work, therefore, fills as it were an unoccupied gap in our recent literature, and forms a most appropriate and valuable companion volume for the treatise of Prof. Billroth.

**The Principles and Practice of Surgery.** By John Ashurst, jr., M. D., Surgeon to the Episcopal Hospital, and to the Children's Hospital, Philadelphia. Illustrated, with 533 engravings. Henry C. Lea, 1871.

This is an octavo volume of 1011 pages. It takes up the subject in a systematic manner and treats it with as much thoroughness as the space permits. We observe one valuable addition, hitherto very much neglected by the authors of our surgical text books, and that is the appending to almost all the discussions of prominent operations a paragraph giving the statistical results hitherto observed. The work is well brought up to the latest improvements, and is worthy of the confidence of the profession.

**An Introduction to Pathology and Morbid Anatomy.** By T. Henry Green, M. D., Lond., Member of the Royal College of Physicians, etc. Illustrated by numerous engravings on wood. Philadelphia: Henry C. Lea, Publisher. For sale by Cobb, Andrews & Co., Chicago.

This is a small volume of 250 pages, intended mainly as an elementary text-book for the student. It embodies a brief account of the more important morbid processes which take place in the human body, in accordance with the present position of pathological knowledge, the views advanced being mainly derived from the works of the leading German investigators, Rindfleisch, Billroth, etc. The work while sufficiently comprehensive for the purposes for which it is intended,



has the especial merit of presenting in a condensed form all the more recent advances in the science of Pathological Anatomy.

**Cancer. Its Classification and Remedies.** By J. W. Bright, M. D. Published by S. W. Butler, M. D. Philadelphia. Chicago: For sale by W. B. Keen & Cook. Price, \$2.00.

**Transactions of the American Ophthalmological Society. Eighth Annual Meeting, July, 1871.** New York: D. Appleton & Co.

The volume contains a number of valuable and interesting reports.

**First Biennial Report of the Board of State Commissioners of Public Charities of the State of Illinois.** December, 1871.

We acknowledge the receipt of the following volumes, which will receive notice in our next issue: Dalton's Treatise on Human Physiology. Pulmonary Consumption, by C. J. B. Williams, M. D., etc. Pulmonary Consumption, by James H. Bennet, M. D. Neuralgia, etc., by F. E. Anstie, M. D. Modern Therapeutics, Naphey's. The American Practitioner; edited by David W. Yandel, M. D.; vols. III and IV; 1871. The Physician's Pocket Record, comprising a Visiting List, many useful Memoranda, Tables, etc., by S. W. Butler, M. D., Philadelphia.

### Society Reports.

#### REGULAR MEETING OF THE CHICAGO MEDICAL SOCIETY.

OFFICE OF Dr J. P. Ross, }  
Dec. 4th, 1872. }

Dr. R. G. Bogue in the chair.

Dr. Stillians exhibited a mature fœtus, of which the following is the history: Two days previously a request was left at the Doctor's office to call sometime during the day, and in the evening when he arrived at the bedside he found the fœtus expelled and a midwife trying to remove the placenta. The attendant directed the Doctor's attention to the fœtus, at the same time affirming that the head presented, and that no force had been used in its extraction. The scalp was found to be lacerated, the neck presenting a gaping, lacerated wound which extended from one angle of the jaw to the other, the cranial cartilage comminuted, and the brain to be still within the vagina. The body of the fœtus was hard, shining, swollen and edematous,

the upper extremities imperfectly developed, the lower malformed, having the appearance of an extra joint between the knee and ankle, and each presenting a fracture just below this false joint.

It was the opinion of the members present that the presentation had been pelvic, and that powerful traction had been made on the lower extremities.

Dr. Quine related the case of a stout, muscular blacksmith aged 49, who until May, 1869, had enjoyed uninterrupted health, but at that time having slept with insufficient covering in a wood-shed, was attacked by a severe chill, followed by protracted fever, distressing cough, copious rusty expectoration, profuse diarrhœa and rapid emaciation. The parents of the patient were living and in the enjoyment of good health, and no members of the family had died of pulmonary disease. On examination the patient was found considerably emaciated, depression above and below the clavicles, elevation of shoulders, diminished expansion of both sides, depression of intercostal spaces during inspiration, a dull sound on percussing the upper two-thirds of left side and upper third of right, but a tympanic sound on percussing the right mammary and right infrascapular regions. Auscultation; crackling inspiration, prolonged expiration, and increased vocal resonance over the upper two-thirds of the left side and upper third of the right, over right infrascapular region gurgling with respiratory movements and on speaking the distinct transmission of articulated words. The last phenomenon was also discovered in the left apex anteriorly. The patient failed rapidly and died on the 8th day of October. The treatment consisted of cod-liver oil 3 is. three times daily, iodide and bromide of potassium each gr. x. four times a day, anodynes as required, and bitter tonics.

*Post Mortem.*—Chest only examined. On removing the sternum and cartilages, about a pint of pus escaped from the right side. The right pleural cavity was obliterated by adhesion of the parietal and visceral pleura. A large cavity was found in the lower third of the right lung, bounded in front by visceral pleura, behind, above and below by a thin stratum of lung tissue, and a small cavity in the apex of the left lung, bounded on all sides by lung tissue. Both lungs were infiltrated with granular caseous matter.

THE Vienna Medical Faculty is composed of 135 "kollegian," 19 ordinary, and 20 extraordinary professors, and eight privat-docenten.

## Gleanings from Our Exchanges.

### WHEN WILL SMALL-POX EPIDEMICS CEASE?

BY DR. E. MULLER (BERLIN),

*Geh. Med-Rath u. Director of the Imperial  
Vaccination Institute of Berlin.*

[From the Berlin Klin. Wochenschr.]

Epidemics of Small-Pox, often of malignant nature, are of no infrequent occurrence; and that, too, since the general introduction of vaccination. The immediate effect of such an epidemic upon the public is the increased tendency to vaccination. A subsequent effect is the seemingly strengthened claim of the opponents of vaccination of its lack of protective power, whereby vaccination is brought into disrepute. Highly opportune, then, is the question, why is it that, notwithstanding the fact that vaccination has been made compulsory, that but few individuals who have survived childhood remain unvaccinated, epidemics of small-pox unceasingly occur?

Investigations of this kind have long since led to the discovery of the fact that vaccination affords not a life-long, only a temporary prophylaxis. As a consequence, re-vaccination was adopted. This re-vaccination, however, has never been made a matter of legal compulsion except in the military service, where its adoption has furnished the most brilliant results. The authorities were content with merely recommending re-vaccination, and it must be confessed that this recommendation, in the rule, was but little heeded. It must also be confessed that if re-vaccination had been attempted to extent sufficient to stamp out a small-pox epidemic, the requisite amount of lymph would have been almost everywhere lacking. It would have been possible to obtain such a mass of lymph as whole communities would require, only by diluting it with glycerine. Thus the main hindrance to re-vaccination would have been overcome, and we may entertain the hope that every future epidemic may in this way soon be brought to an end. An indispensable condition to such a happy result is that the re-vaccination as well as the first vaccination shall have been properly performed.

As I have already shown in an essay "On Vaccination and the value of glycerine lymph for General Health" in Horn's Vierteljahr-schr. 1869, Variola has become an unfashionable subject in the literature and among the

faculties of Germany. Small-pox patients are hurried from the clinic as fast as possible. In the higher classes of society, where re-vaccination is seldom neglected, small-pox occurs but rarely. The physician for the poor and for trades unions sends his variola patients as quickly as possible to the pest house. Hence human small-pox does not receive that consideration, that general medical interest, which is bestowed upon epidemics of other nature. Compare the scanty literature concerning the present small-pox epidemic with the abundance written every cholera season. The whole subject of vaccination, indeed, lies under comparative neglect. The only questions of interest seem to be the possibility of the transmission of syphilis, or the superiority of animal or human lymph. The majority of physicians are content to vaccinate from arm to arm with the virus they are able to command, and if called upon another day or in another place, they are not in supply of reliable virus from their own patients, but must beg it from the Institute or buy it at the drug store. No precaution is taken to lay by a supply for future use. Again, there is no little ignorance as to the proper method of its introduction, more carelessness as to the quality of the lymph employed. It is not of rare occurrence that individuals have been unsuccessfully re-vaccinated by their physicians, and afterward successfully re-vaccinated here at the Institute. According to my experience, the first re-vaccination almost always produces more or less genuine cow-pox pustules. When I hear physicians state, therefore, that they have vaccinated a large number of patients without any effect, I always consider myself justified in questioning the character of the lymph employed. Re-vaccinations of that kind react injuriously, not only upon the patients themselves by comforting them with the reflection that they are protected, but they are misfortunes for the whole subject of vaccination, as in case of a subsequent attack of small-pox the valuelessness of vaccination would seem to be demonstrated. Physicians, then, should never re-vaccinate with other lymph than that obtained from infants, and even then they should not be allowed to re-vaccinate unless they have obtained it themselves. Too often the physician fears public opinion to such extent that if he have no virus himself he will obtain at the drug store or elsewhere when he has no security whatever of its quality. Nor is it much better to re-vaccinate with animal lymph. As I have proven by my own experiments, a vaccination with animal lymph will not always succeed. Others confirm this in every

particular. In the vaccination institute at Rotterdam where animal lymph is cultivated it is never used for re-vaccination on account of its uncertainty. When a re-vaccination with human lymph is repeated upon individuals unsuccessfully re-vaccinated with animal lymph, it will be seen that human lymph has the decided advantage. If then, an unsuccessful re-vaccination by animal lymph be ascribed to an existing protection of the individual, the same disrepute is cast upon vaccination as when the experiment is performed with defective human lymph. Epidemics of small-pox will cease, therefore, only when re-vaccination shall have become general, and not then unless the re-vaccinating physicians make use only of reliable lymph.—*The Clinic*, Dec. 23, 1871.

**A FULLY MATURED TÆNIA SOLIUM EXPELLED FROM A CHILD FIVE DAYS OLD.**—The following case which occurred in the Long Island College Hospital, is reported by Samuel G. Armor, M.D., in the *New York Medical Journal*, December, 1871. A well developed and apparently healthy child on the fifth day after birth exhibited symptoms of intestinal irritation for which three 1 gr. doses of calomel were ordered, to be followed by oil. Some ten hours after taking the first dose of calomel the infant passed, per anum, two segments of what was at once recognized to be tape worm. The specimen was carefully preserved and submitted to different members of the hospital staff, and was also placed under the microscope and the diagnosis concurred in that it was a well marked *tænia solium*. Additional segments of the worm were passed from time to time during the succeeding ten days, but none having the appearance of the head.

The writer comments on the case as follows: "The *tænia solium* according to Kuchmeister's investigations, only occurs in children who partake of hog's meat;" neither he nor Cobold makes mention of the possibility of a fully matured *tænia* occurring in infantile periods of life. The theory appears to have been generally accepted heretofore, that the encysted parasites are taken with the food into the stomach, and that the embryo set free from the covering of the egg by a process of digestion, passes into the intestine, fixes itself to the mucous membrane, and by a process of budding, produces the long, tape-like series of articulations, which are finally converted into the full grown *tænia*. Whether this be the universally accepted theory, or not, certain it is that the encysted parasite, found in whatever part of the body, only develops to maturity in the intestinal canal. The query at once arises therefore, how did the

cisticercus in the case here reported, gain entrance into the intestinal canal of the new born infant? for it is difficult to arrive at any other conclusion from the clinical history of the case, than that the worm was fully matured at the birth of the child.

Can the mother communicate the germs of the parasite to the fœtus in utero? and if so how do they gain entrance to the intestinal canal?

"To determine one of these questions, the mother, being still in the hospital, and having fully recovered from her confinement, was on the 8th of November—about two months after the birth of her child—put upon treatment for tapeworm; although neither previous history or present condition indicated the presence of *tænia*. After thoroughly evacuating the bowels, and while fasting she was ordered an emulsion of pumpkin seeds, which she faithfully took for twenty-four hours, at the end of which time she passed over seventy segments of *tænia*. This completes the clinical history of a case which throws much doubt upon the present received theories as to the probable and *exclusive* source of *tænia*. That the encysted parasites gain entrance to the stomach and bowels by means of animal food containing the parasitic germs, the experiments of Kuchmeister and others leave no room to doubt. But that they may gain entrance through the mother to the fœtus in utero would appear to be equally well established by this case."

**OVARIOTOMY.**—At a meeting of the Royal Med. and Chir. Soc., on the 13th of June, T. Spencer Wells presented a fourth series of one hundred cases of ovariectomy, which, following the order of former papers, he had arranged as follows:

Series 1. Cases in which ovariectomy was completed—100 cases: 78 recoveries, 22 deaths.

Series 2. Cases in which ovariectomy was commenced but not completed—6 cases: 2 relieved or cured, 4 died.

Series 3. Cases where an exploratory incision was made—7 cases: 5 recovered from incision, 2 died.

He showed that the mortality after ovariectomy was steadily diminishing. Of his first 100 cases, 34 died; of his second 100 cases, 28 died; of his third 100 cases, 23 died; and of his fourth 100, 22 died. Of this fourth series, 44 had been in hospital, and 56 in private practice. In private practice mortality was only 14 per cent., while in hospital it was 31 per cent. The author believed that the mortality in private practice might be taken as a guide to what might become the general average mortality after ovariectomy, and he was convinced that it might be reduced



to about ten per cent. without excluding those extreme cases when the operation was performed as a last hope.—*Br. Med. Jour.*

**PHOSPHATES IN PREGNANCY.**—Mr. Metcalfe Johnson, of Lancaster, recommends in the *Medical Times* the hydrated phosphate of lime of the British Pharmacopœia as a remedy for the sickness of pregnancy. He gives it in doses of from three to ten grains each, three times daily, suspended in water, and flavored according to the patient's taste. In some cases the relief has been so striking that patients have sent to ask for "some of that medicine that relieves the sickness." Mr. Johnson thinks the drug may supply phosphates to the nervous system, and also to the embryo, and that if phosphates be not supplied, the child may grow at the expense of the mother's osseous and nervous system.—*The Doctor.*

**BROMIDE OF CALCIUM.**—The New York *Medical Journal* for December, contains a short note relative to this new preparation, by Wm. A. Hammond, M.D. He describes it as a white crystalline substance, very soluble in water, and readily decomposing on exposure to the atmosphere. Its taste is similar to that of bromide of potassium, though somewhat more pungent and disagreeable. The dose is from fifteen to thirty grains or more for an adult.

The action of bromide of calcium is similar to that of the other bromides, but it appears to be especially useful in those cases in which a speedy effect is desirable, as, owing to its stability, the bromide is readily set free and its peculiar action on the organism obtained more promptly than when either of the other bromides are administered. Chief among these effects is its hypnotic influence, and hence the bromide of calcium is particularly beneficial in case of delirium tremens, or in the insomania resulting from intense mental labor or excitement.

In those exhausted conditions of the nervous system attended with great irritability, such as are frequently met with in hysterical women, and a mental condition of extreme excitement, bromide of calcium has proved of decided service.

**DIPHTHERIA.**—Dr. James E. Reeves, Wheeling, W. Va., (*Medical Times*) states that experience has abundantly satisfied him that the use of strong caustics is not advisable in the treatment of diphtheria—that in numerous instances they aggravate all the symptoms, and thus greatly endanger the patient. The tincture ferri chloridi may be applied in full strength to the diphtheritic patches and to the surface around their borders, by means of a camel's hair pencil; but even this practice

he has generally abandoned during the last five or six years, and now contents himself with gargles or the atomized spray of the chlorine and iron mixture (℞ Potass. chlorat, 3 ij.; acid hydrochloric puri, 3 iss.; aquæ, 3 vij.; tinc. ferri chloridi, 3 j. M.) every hour or two when the patient is awake. At the same time this mixture may be internally administered, in the dose of from twenty drops to a teaspoonful, with or without a little simple syrup, every two or three hours, with the addition, if need be, of a little sulphate of quinia. Warm atomized inhalations of the chlorine and iron mixture, according to the above formula, promise, he thinks, the greatest hope in cases of diphtheritic croup.—*Ibid.*

**TREATMENT OF ALBUMINOID DISEASE OF THE KIDNEY.**—Dr. James H. Hutchinson, Physician to the Pennsylvania Hospital (*Medical Times*), says that the treatment of these diseases differs from that usually employed in other forms of Bright's disease. There is no indication to increase the flow of urine, for it is already sufficiently free, and the dropsy which is present depends simply upon the condition of the coats of the blood-vessels, which allows the ready passage of serum through them. The indication is rather to endeavor to prevent the loss of albumen, and with this view he prescribed to two of his patients ten grains of gallic acid four times daily, and for the older one, since he had a syphilitic history, ten grains of iodide of potassium, also three times daily. In the case of a boy, with the troublesome symptom, gastric irritability, he resorted to the use of lime-water and hydrocyanic acid and morphia. In many cases it resists every remedy, and, by the vomiting it induces, undoubtedly hastens the fatal issue, especially when diarrhœa exists at the same time—a coincidence which is by no means unfrequent in cases similar to these. These symptoms depend, he says, probably upon the disease of the blood-vessels of the stomach and intestines.—*Ibid.*

### News Items.

IN Vienna during the winter semester of the academical year 1870-71, there were 1,653 students of medicine, and during the past summer semester there were 1,460.

PROF. W. W. DAWSON has been appointed to succeed the late Dr. Blackman in the chair of surgery at the Medical College of Ohio.



**MEDICAL COLLEGES AND GRADUATES IN THE UNITED STATES.**—Dr. Toner's statistics for the Department of the Interior show the number of Medical Colleges in the United States to be,

Regular	60
Pharmacy	16
Dental	8
Homœopathic	8
Eclectic	8
Botanic	2

Forty-eight of the colleges have furnished statistics for 1870, which show 4,989 matriculates, 1,500 graduates, 77 ad Eundem, and 15 honorary degrees.—*Buffalo Medical and Surgical Journal*.

The British Medical Journal gives the total number of students registered at the London hospitals during the present season as 1,468. New entries, 468.

MISS PUTNAM, a young American who has been following for some years the course in l'Ecole de Medicine, at Paris, recently submitted her graduating Thesis to the faculty. The President of the Board of Examiners found it deserving of the highest note—"extremement satisfait"—a mark rarely given for a Thesis. She also received the highest mark at each of her examinations. Miss Putnam is the first woman who obtained admission to l'Ecole de Medicine, but not the first who has graduated, as a Miss Garrett took a year's course and received her degree some time ago.

UNDER the new (Prussian) Faculty at the University of Strasbourg there have been 11 examinations for degrees in the scholastic year 1870-71, against 1,014 in the scholastic year 1869-70.

**CHOLERA.**—In spite of the cold weather the epidemic still holds its own in Russia and Galicia. In some villages of the latter it has broken out afresh.

**OPIUM IN CROUP.**—The use of opiates in the treatment of true croup is warmly commended by Dr. J. S. Seaton in the *American Practitioner*. Repeated doses of Dover's powder are given until the distressing symptoms are abated and an emetic (ipecac) is required.

### MORTALITY.

MONTH OF DECEMBER, 1871.

Accident—burned	2
" crushed	1
" asphyxia by coke gas	2
" boiler explosion	4
" fracture of skull	2
" " inferior maxilla	1

Accident—by fall	3
" run over by wagon	1
" gun-shot wound	2
" by railroad	4
" suffocation	1
Abscess of thigh	4
Albuminuria	1
Amputation of leg	1
Apthæ	1
Apoplexy	4
Atheroma	1
Atelectasis pulman	1
Bladder, inflammation of	1
Bowels, obstruction of	1
" chronic disease of	1
Biliary calculi	1
Brain, congestion of	7
" inflammation of	3
" softening of	1
Bronchitis	5
" capillary	4
Cancer of breast	2
" ovarium	1
" of stomach	1
" of uterus	1
Cholera infantum	1
Consumption	44
Convulsion	60
" puerperal	1
Croup	14
" membranous	3
Debility	3
Delirium tremens	2
Diabetes	2
Diarrhæa	2
" chronic	4
Diphtheria	16
Dropsy, general	4
Dysentery	3
Embolia following phlebitis of leg	1
" of pelvic arteries	1
Enteritis	5
Enterocolitis	1
" metritis	1
Exhaustion	1
Erysipelas	4
Exposure	2
Fever, congestive	2
" puerperal	6
" remittent	6
" scarlet	24
" " malignant	1
" typhoid	57
Gastritis	4
Hæmatemesis	1
Heart, disease of	2
" fatty degeneration of	3
" organic disease of	2
" rupture of	1
" valvular disease of	2
" neuralgia of	1
Hernia strangulation	2
"	—
Hydrocephalus	6
Inanition	5
Intemperance	1
Intestines, disease of	1
Kidneys, tumor of	1
" Bright's disease of	4
Laryngitis	2
Lithiasis (grave)	1
Lungs, congestion of	1
Malformation (general)	1
" of head	1
Manslaughter	1

Measles	1
Meningitis	9
" cerebro-spinal	3
" tubercular	2
Metritis, puerperal	1
Metro peritonitis	2
Nephritis hepatitis	1
Old age	9
Paralysis	1
Peritonitis	2
" puerperal	2
Pneumonia	31
" typhoid	3
Potts' disease	1
Pyæmia	1
" and erysipelas	1
Rheumatism	2
Scrofula	2
Small-pox	47
Spine, injury of	1
Syphilis	1
Tabes mesenterica	15
Suicide by cutting throat	1
" hanging	1
" shooting	1
Throat, malignant sore	1
Uterus, hæmorrhage of	2
Uremic poisoning	1
Whooping cough	4

Total	526
Premature births	6
Still births	47
Total	53

## COMPARISON.

Deaths in December, 1871	529
" preceding month in 1871	516
Increase	13

## AGES.

Under one year	134
One year to two	32
Two years to three	36
Three years to four	11
Four years to five	18
Five years to ten	35
Ten years to twenty	29
Twenty years to thirty	62
Thirty years to forty	62
Forty years to fifty	48
Fifty years to sixty	17
Sixty years to seventy	27
Seventy years to eighty	13
Eighty years to ninety	5

Total	529
Males	284
Females	245

Total	529
Married	138
Single	241

Total	529
Colored	8
White	521

Total	529
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## NATIVITIES.

Austria	2
Bohemia	7

Canada	4
Native Chicago	61
Foreign	172
New York and other parts	78
Denmark	5
England	18
Germany	89
Holland	3
Ireland	52
Isle of Man	1
Norway	12
Poland	1
Scotland	6
Shetland Islands	1
Sweden	11
Switzerland	2
Unknown	5

Total	529
Deaths daily per month	17
Ruin fell during month (inches)	3.440

## MORTALITY BY WARDS, DECEMBER, 1871.

WARDS.	NO. DEATHS.	POP'N (1871).	PERCENTAGE.
1	—	8,103—one death in	—
2	2	13,449	13,449
3	33	17,934	543
4	11	14,032	1,275
5	15	14,901	999
6	37	22,918	619
7	48	15,590	325
8	54	25,420	471
9	49	30,778	628
10	14	17,292	1,235
11	21	19,212	772
12	17	15,018	883
13	14	9,740	696
14	12	9,339	779
15	77	25,706	334
16	15	16,380	1,092
17	13	18,814	1,449
18	12	18,805	1,567
19	—	9,237	—
20	1	14,522	14,522
Accidents	23	—	—
Barracks	10	—	—
County Hosp.	13	—	—
Foundling Home	2	—	—
Home for Friendless	2	—	—
Hosp. W'm'n & Chil.	1	—	—
Manslaughter	1	—	—
Police Station	1	—	—
Mercy Hospital	12	—	—
St. Jo. Orph. Asylum	1	—	—
St. Luke's Hospital	5	—	—
Scammon	2	—	—
Small-pox	8	—	—
Suicides	3	—	—
Washington's Home	1	—	—

Total 529

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